



# LIFE INSURANCE ELECTION

Federal Employees' Group Life Insurance Program

See Privacy Act  
Information on  
Back of Part 3

**1 General Instructions:** By law, a person who is not excluded from coverage automatically has Basic Life insurance, unless he or she waives all coverage. When you first become eligible for FEGLI, you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3 - Employee Copy.

To complete this form:

- ◆ Read the back of Part 3 -- Employee Copy carefully
- ◆ Type or print in ink
- ◆ Do not separate the parts. Your employing office will certify the completed form and return your copy to you. This form should be kept with your SF 2817A (SF 2817B for Postal

## 2 Fill in identifying information

Name (Last)	(First)	(Middle)	Date of Birth (Month, Day, Year)	Social Security Number
Employing Department or Agency			Agency Location (City, State, Zip Code)	

## 3 To elect Basic Life, sign and date below. If you do not elect Basic Life, you may not elect any form of optional insurance. If you do not want any insurance at all, skip to section 5.

**Basic Life**

**I want the Basic Life insurance.** I authorize deductions to pay my share of the cost.

Signature (Do not print)

Date (Month, Day, Year)

## 4 If you have elected Basic Life, you may elect any or all of the following options. Sign the box below for any option(s) you want. (You will not have coverage for any option[s] for which you do not sign.)

Option A -- Standard	Option B -- Additional	Option C -- Family												
I want the Standard \$10,000 optional insurance. I authorize deductions to pay the full cost.	I want the Additional optional insurance in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost. (Indicate multiple by marking "X" in the appropriate box. Do not mark more than one box.) <table><tr><td><input type="checkbox"/></td><td>1 times my pay</td><td><input type="checkbox"/></td><td>4 times my pay</td></tr><tr><td><input type="checkbox"/></td><td>2 times my pay</td><td><input type="checkbox"/></td><td>5 times my pay</td></tr><tr><td><input type="checkbox"/></td><td>3 times my pay</td><td></td><td></td></tr></table>	<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	4 times my pay	<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	5 times my pay	<input type="checkbox"/>	3 times my pay			I want the Family optional insurance. I understand that in the event of the death of my spouse I would receive \$5,000 and upon the death of a child I would received \$2,500. I authorize deductions to pay the full cost.
<input type="checkbox"/>	1 times my pay	<input type="checkbox"/>	4 times my pay											
<input type="checkbox"/>	2 times my pay	<input type="checkbox"/>	5 times my pay											
<input type="checkbox"/>	3 times my pay													
Signature (Do not print)	Date	Signature (Do not print)	Date											

## 5 If you want NO life insurance coverage at all, sign and date below.

**Waiver of All Life Insurance Coverage**

**I want no insurance coverage at all.** I understand that any insurance I have will stop at the end of the pay period in which my employing office receives this waiver and that I cannot get Basic Life insurance unless (1) I wait at least one year after I sign this form AND give satisfactory medical evidence of insurability, or (2) I have a break in Federal service of at least 180 days. I understand that I cannot get any optional insurance unless I first have Basic Life. I have read "Waiving or Changing Your Insurance Coverage" on the back of Part 3 and I understand that my decision to waive insurance coverage now may affect my eligibility for coverage as a retiree.

Signature (Do not print)

Date

### FOR EMPLOYING OFFICE USE ONLY

#### Certification

I certify that the above named employee is eligible for the insurance coverage he or she has elected above.

Signature of Authorized Agency Official

Date of Receipt in Employing Office  
(Month, Day, Year)

Number of Event Permitting Change

Effective Date of Coverage  
(Month, Day, Year)

See Table of Effective Dates  
in SF 2817A or 2817B

The employee's copy of this form, when certified by the employing office, together with SF 2817A, *The Federal Employee's Group Life Insurance Program Description and Certification of Enrollment* (SF 2817B for Postal Employees), constitute the employee's Certificate of Insurance.



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## SF 50 Equivalent of Insurance Codes

INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50	INSURANCE	SF 50
Ineligible	A	1010	G	1120	L	1031	Q	1141	V
0000	B	1110	H	1021	M	1131	R	1050	W
1000	C	1011	I	1121	N	1040	S	1150	X
1100	D	1111	J	1030	O	1140	T	1051	Y
1001	E	1020	K	1130	P	1041	U	1151	Z
1101	F								

2

Fill in identifying information

Name (Last)	(First)	(Middle)	Date of Birth (Month, Day, Year)	Social Security Number
Employing Department or Agency			Agency Location (City, State, Zip Code)	

3

In item 6: If employee submitted this election and this block is not signed, enter **0** in ALL FOUR boxes.  
If this block is signed, enter 1 in box 1.  
If agency submitted this election for employee, enter 1 in box 1.

Basic  
Life

Signature (Do not print)

Date (Month, Day, Year)

4

### Option A -- Standard

### Option B -- Additional

### Option C -- Family

In item 6, box 2:

If this block is not signed, enter **0**

If this block is signed, enter **1**

In item 6, box 3:

If this block is not signed, enter **0**

If this block is signed, enter the  
number marked "X" below:

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3

<input type="checkbox"/>	4
<input type="checkbox"/>	5

In item 6, box 4:

If this block is not signed, enter **0**

If this block is signed, enter **1**

Signature (Do not print)

Date

Signature (Do not print)

Date

Signature (Do not print)

Date

5

Statement  
of  
All Life  
Insurance  
Coverage

Signature (Do not print)

Date

## FOR EMPLOYING OFFICE USE ONLY

### Certification

I certify that the above named employee is eligible for the insurance coverage he or she has elected above.

Signature of Authorized Agency Official

Date of Receipt in Employing Office  
(Month, Day, Year)

Number of Event Permitting Change

<input type="text"/>
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Effective Date of Coverage  
(Month, Day, Year)

See Table of Effective Dates  
in SF 2817A or 2817B

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**INSTRUCTIONS:** Enter codes in the boxes on the right as directed in items 3 and 4 above. The SF 50 equivalents for each insurance code are shown in item 1. For additional information see FPM Supp. 292-1 and

INSURANCE CODE	SF 50 Equivalent			
1	2	3	4	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# INSTRUCTIONS TO EMPLOYEES

## General Information

The major provisions of this program are described in the booklet, "Federal Employees' Group Life Insurance, A Description and Certification of Enrollment" (Standard Form 2817A or B). Please read the entire booklet carefully. Your copy of the election form, when certified by your employing office, together with the booklet, will constitute your certification of coverage. You do not need to name a beneficiary if you wish to have the death benefits of your insurance paid in the order of precedence listed in SF 2817A or B. If you wish to name a beneficiary or change a prior designation, ask your employing office or retirement system for Standard Form 2823, the Designation of Beneficiary form.

## New Employees

All new employees not excluded by law or regulation from insurance coverage, and other employees who are newly eligible, must complete this form. You have 31 days from the date you are appointed, or first become eligible to participate, to return this form to your employing office. **You will automatically have Basic Life Insurance deductions taken out of your salary from your first day in a duty (at work) and pay status unless you waive insurance by signing in item 5 and give this form to your employing office before the end of your first pay period.** You do not have any optional insurance unless you sign item 3 and one or more of the blocks in item 4 of this form, and return it to your employing office within 31 days.

## Employees With Prior Government Service

A life insurance election (SF 2817) filed during an earlier period of Federal employment stays in effect unless you change coverage or unless you have break in service of at least 180 days. If you have a break in service of less than 180 days, were eligible in your last period of Federal employment, and that period ended after March 31, 1981, you should have a form on file. Your insurance in your new employment will be the same as you previously had. If you want to change, follow the instructions below in "Waiving or Changing Your Insurance Coverage." If your last period of Federal employment ended on or before March 31, 1981, you probably do not have a SF 2817 on file and you must now file one. If you previously filed a waiver of insurance coverage and have a break in service of at least 180 days, your previous waiver is automatically canceled and you have a new right to elect insurance coverage. You will be covered by Basic Life Insurance unless you waive it.

## Reemployed Annuitants

If you waive your insurance as an employee (reemployed annuitant), you also automatically waive your insurance as an annuitant and you will be totally without Federal life insurance coverage.

## How to Complete and Review Your Election Form

1. Follow the instructions for each item carefully.
2. When you have filled out the form, review it to be sure it is complete and correct. The following checklist should help you review it.
  - **If you signed item 3,** you elected Basic Life Insurance. You should not have signed item 5. (You cannot elect life insurance and waive it at the same time.)
  - **If you signed any block in item 4,** you should also have signed item 3. (You cannot elect an option unless you elect Basic Life.)
  - **If you signed item 4 for Option B-Additional,** you should also have marked one of the 5 boxes to show how many multiples of

basic pay you wish to elect. You should not have marked more than one box.

- **If you signed item 5,** you should not have signed item 3 or any block in item 4. (You cannot waive life insurance and elect it at the same time.)
- **Be sure you sign for all options that you want.** This election will supersede all previous elections. If you have had an option and wish to keep it, you must reelect it by signing the appropriate box.

**PLEASE BE AWARE THAT YOU ARE SOLELY RESPONSIBLE FOR ENSURING THAT YOUR SF 2817 IS CORRECT -- i.e., THAT THE ELECTIONS MADE ACCURATELY REFLECT YOUR INTENTIONS.**

## Waiving or Changing Your Insurance Coverage

If you waive Basic Life or decline one or more of the options, your opportunities to cancel your waiver or enroll in an option you previously declined are strictly limited. See "Conditions for Changing Election" in your SF 2817A or B.

**A waiver or cancellation of coverage may also affect your eligibility for continuing coverage into retirement. The following requirements must be met for Basic Life coverage to continue after you retire:**

- 1) You must retire on an immediate annuity;
- 2) You must have been insured for Basic Life coverage for the five years of service immediately before your retirement (or for the entire period during which coverage was available to you if insured for less than five years); and,
- 3) You must not convert your Basic Life coverage to an individual policy.

Similar conditions must be met for continuation of optional insurance coverage into retirement. See "Continuation of Coverage After Retirement" in your SF 2817A or B.

## How to Verify That Your Employing Office Took Correct Action on Your Election

When your employing office has finished processing your election form, you will receive a copy of SF 50, Notice of Personnel Action, showing your life insurance status. An explanation of your life insurance code will appear on the SF 50.

## Privacy Act Statement

Chapter 87, Title 5, U.S. Code, Federal Employees' Group Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine the type of life insurance coverage you shall receive. This information may be shared with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs or law enforcement agencies, when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number to distinguish you and people with similar names. Furnishing your Social Security Number as well as the other data, is voluntary, but failure to do so may result in the Office of Personnel Management's inability to determine your eligibility for life insurance coverage.